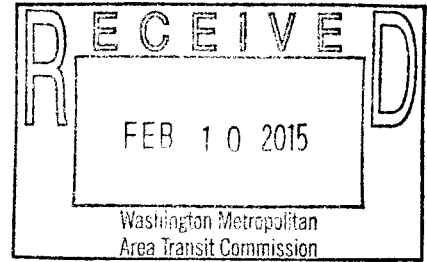


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1877 | BENEY LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

3435 Gadeshead Manor Way | 204 | SILVER SPRING | MD | 20904

\*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

240-413-2293

bendeylino@gmail.com

\*Telephone

Other Telephone

Fax

E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

BEN ADEGBEMBO | President

\*Name

\*Title

240-413-2293

bendeylino@gmail.com

\*Telephone

Other Telephone

Fax

E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

State

Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

See Attached Form

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

BEN ADEGBEMBO

\*Name (type or print)

President

\*Title (not required for sole proprietors)

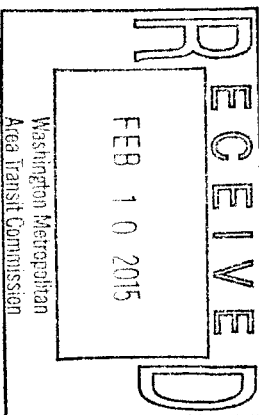


\*Signature

2/10/15

\*Date

Carrier Name: BENDER LLC  
 Case Number: 1877



WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
13	2003	LINCOLN	1LNHM185W3605776	58746B	MD	5	N
2	2013	CADILLAC	2G61B3909220157	57312B	MD	5	N
12	2002	MERCEDES	WDBNG75JX2A292294	56882B	MD	5	N
11	2014	CHRYSLER	2C3CCAET2EH211656	56711B	MD	5	N
9	2013	CHEVROLET	1GNSKTE7XD03199D1	56270B	MD	7	N
8	2011	LINCOLN	2LNBL8CV1B763859	53564B	MD	5	N
7	2010	CHEVROLET	1GNULJE30AR202605	55964B	MD	7	N
6	2011	LINCOLN	2LNBL8CV7B758794	57477B	MD	5	N
5	2008	LINCOLN	2LNHM84W38X640815	55042B	MD	5	N
4	2010	FORD	1FMTJL2A51AE071795	53505B	MD	7	N
3	2010	LINCOLN	2LNBL8CV4AX751130	52002B	MD	5	N
1	2003	LINCOLN	1LNHM85W0X3Y643721	43070B	MD	5	N
10	2007	LINCOLN	1LNHM84W77Y636734	56654B	MD	5	N
2	2013	CADILLAC	2G61P5539D9220157	57312B	MD	5	N